DOI: 10.1002/aps.1723

RESEARCH PAPER

WILEY

Creating safe schools by building safe relationships

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Funding information
Private donors; Teachers College Office of School and Community Partnerships' Zankel Urban Fellowship Program

Abstract

Jonathan Cohen outlines three types of goals for schools to pursue—systemic improvement goals, instructional improvement goals, and relational improvement goals—but states that it is impractical to expect schools to address all three at once. This study argues that it is in fact essential that relational improvement goals be pursued concomitantly with systemic and instructional improvement goals in order for the latter to succeed. Several foundational psychoanalytic precepts used to build the patient–therapist alliance apply well to building relationships with stakeholders within a school context, ranging from students and parents to teachers and leaders. We present our own experience implementing the School-Based Mental Health Collaboration (SBMHC) in a handful of public elementary schools in high-poverty neighborhoods in New York City. This program relies on classroom consultants who spend a half day a week in an assigned classroom co-teaching a social–emotional learning (SEL) curriculum; consulting with teachers about students, classroom management, and the integration of SEL into the classroom culture; and referring children for community-based services. SBMHC staff take a mentalizing stance of nonjudgmental curiosity about the meaning and function of stakeholders' behaviors, while encouraging stakeholders to do the same with each other. This approach builds strong relationships in which stakeholders can reflect safely and thoughtfully about their own behaviors and that of their students. We find that it is within this "holding environment" that school stakeholders are best poised to undertake the difficult attitudinal and behavioral changes necessary to promote school safety.

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KEYWORDS
classroom consultation, mentalization, school-based mental health, school safety

Jonathan Cohen's and Nancy Rappoport's papers provide an invaluable wide-angled look into the debilitating and pervasive issues of school violence in the United States. Jonathan defines school violence as a broad spectrum of social, emotional, and physical experiences that are aggressive and hurtful on the one hand and promote feelings of safety on the other (Cohen, 2021). We applaud this definition, which goes beyond traditional, quantitative measures (such as number of violent acts) to encompass subjective measures of school safety (such as diverse students' feeling of belonging). As suggested by both the papers, we agree that the prevailing narrow focus on gun violence in schools and the inattention to the toll of daily conflicts and misunderstandings on children's emotional lives have severely limited effective and rapid change in practice and policy in the area of school violence.

We further agree with Jonathan's call for proactive and preventive programming efforts. He identifies three types of goals for schools wishing to improve school safety: systemic improvement goals (e.g., formulating evidence-based policies, establishing a communitywide vision, and developing school–family–community partnerships), instructional improvement goals (e.g., implementing an evidence-based social–emotional learning [SEL] curriculum and reorienting discipline away from punishment and toward consistency and positive learning), and relational improvement goals (e.g., fostering healthy and caring relationships between and among educators, students, parents, and health professionals). We concur that efforts to achieve all of these goals are needed for organizational change within a school. What we take issue with is Jonathan's claim that "[s]chool leaders cannot address all of these systemic, instructional and relational goals at once." We maintain that not only can systemic, instructional, and relational goals be addressed at once, it is in fact necessary to prioritize relational goals in order to successfully pursue systemic and instructional goals. That is, relational goals are foundational because it is only through fostering safe and trusting relationships among educators, students, parents, and health professionals that those individuals will be willing to think critically about themselves and be willing to risk making attitudinal and behavioral changes needed to meet systemic or instructional goals. Otherwise put, relational goals are important not just in and of themselves but also as facilitators of systemic and instructional goals.

The importance of a secure relationship between patient and therapist as a context for patient growth and positive risk-taking is, of course, one of the bedrocks of psychoanalytic theory and practice. We argue that the success with which a school's instructional and systemic goals are achieved rises and falls on the quality of relationships among its agents of change—not just because all successful projects demand successful working relationships but because of the fraught nature of this undertaking. The issues raised around school violence (in Jonathan's broad definition) are deeply personal, touching on individual and cultural experiences of community, danger, and discrimination. These domains may fall outside the traditional scope of teacher, parent, or school expertise and to be successfully addressed may require changes in practice that stakeholders may or may not embrace. This difficult work can only occur when trusting and collaborative relationships are established. Indeed, a tenet of psychoanalytic psychotherapy is that the safety (holding environment) created within the therapist–patient relationship facilitates reflection and behavior change that the patient might otherwise find too frightening or daunting.

We maintain that the same precepts of relationship-building within a therapeutic context are foundational for efforts aimed at establishing safe schools. Specifically, the adoption of a nonjudgmental, curious, and open-minded posture in attempting to understand another's mind can be applied not just with children themselves but with all stakeholders in the school: teachers, leaders, mental health professionals, and parents. Mentalization, defined as the ability to understand one's own and others' mental states, such as feelings, intentions, beliefs, and desires (Fonagy et al., 2004), is key to this effort.[1] This understanding of one's own and others' mental states allows us to make meaning of others' behaviors (Fonagy et al., 1998). During early development, parents' ability to understand their children's minds helps their children to identify their own mental states, which they can begin to regulate in the presence of

the parent; it also allows parents to provide sensitive responses to children's distress, thereby promoting a trusting and secure parent–child bond (Slade, 2005). In a psychotherapeutic context, the promotion of mentalization skills builds epistemic trust or trust in the validity of interpersonally transmitted knowledge (Fonagy & Luyten, 2009). Mentalization-focused psychotherapy is thought to be effective for children because the therapist helps build a safe and trusting relationship in which the child can see himself/herself as worthy and hopeful. This healthy attachment relationship allows the child to become more reflective, better able to self-regulate, and more flexible in making choices about his/her behavior (Conway et al., 2019). Malberg describes a similar process when she works with parents of at-risk children using a mentalizing stance. As Malberg (2015, p. 235) states, "When we build a strong therapeutic alliance with parents and other adults supporting a child (e.g., grandparents), we are promoting the development of epistemic trust in a way that promotes social learning for all parties involved."

Several interventions have succeeded in incorporating the promotion of mentalizing skills into school-based mental health programming (Fonagy et al., 2005, 2009). Sapountzis (2019) discusses the benefits of working from this perspective with children in schools. When the teacher keeps the student's mind in mind by reflecting upon the child's (and their own) emotions and actions, the teacher has insight into the nuanced relationship between the child's emotions and actions and can convey this perception to the child. This goes a long way, especially for children who have chronic behavioral difficulties. When the child begins to internalize the links between his/her strong feelings and unwanted behaviors, he/she can draw on strategies to interrupt the cycle. Here, we provide a brief description of our own experience with the School-Based Mental Health Collaboration (SBMHC) at Teachers College, Columbia University, which was launched in 2016. SBMHC operates in one to three elementary schools each year in high-poverty neighborhoods in New York City (Eppler-Wolff et al., 2019). Our goals encompass several of Jonathan's recommendations: the universal promotion of prosocial behavior, the provision of targeted interventions for children with behavioral issues, ongoing threat assessment, enhancement of an evidence-based SEL curriculum, and establishment of school–family–community partnerships. Graduate students in psychology (under the supervision of licensed psychologists) act as clinical classroom consultants (CCs), spending one half day a week in their assigned teacher's classroom. They assist in delivering an SEL curriculum and meet with teachers to discuss classroom management, the reinforcement of SEL lessons, and interventions with specific children. SBMHC also establishes relationships with a wide range of community clinicians and makes thoughtful referrals for children who need services beyond the classroom. Finally, the SBMHC team coordinates these services among community clinicians, teachers, and families. A mentalizing stance underlies all of these services.

Nancy's thorough assessment of Steven exemplifies the mentalizing stance SBMHC takes in approaching the mental health needs of an individual child. Nancy does not accept at face value the school's characterization of Steven as a threat to school safety but rather approaches Steven with curiosity about the meaning and etiology of his behaviors. Instead of pathologizing *about him*, she listens carefully to him and to other actors—such as the secretary whose sarcastic comment she overhears. She conducts formal tests and clinical interviews to learn about his trauma history, cognitive strengths and weaknesses, self-regulatory abilities, interactions with teachers and students, and access to needed resources. Throughout this process, Nancy comes to view Steven as a vulnerable boy rather than a "gangster in training" and is able to formulate a comprehensive treatment plan accordingly.

SBMHC takes the same curious and nonjudgmental posture in learning about teachers, leaders, and the school as a whole. We observe, for example, whether a school leader's approach to working with teachers on student mental health is collaborative or authoritarian. We ask, what kind of student interactions are encouraged, which are ignored, and which are forbidden at this school? Which critical social–emotional supports are currently available and which are not? How do teachers understand and manage students with emerging internalizing or externalizing issues? Do parents, teachers, and school leaders send consistent messages about social and emotional learning? How are the complex issues of diversity approached within the school community? What traumas or crises has the school experienced?

The answers to these questions inform the way we work with school stakeholders to identify unmet mental health needs and strategize about solutions. Each school is different, with its own supports and resources and its own fans

and detractors of mental health promotion. Yet the use of mentalization serves as a lodestar, guiding all of our work across schools. First and foremost, CCs build alliances with teachers, particularly those who are overworked, place little importance on children's emotions, or rely on punitive techniques to remediate student behavior. We harness mentalization skills in the service of understanding teachers' thoughts, values, and beliefs. Adopting a posture of gentle curiosity, we wonder why, for example, a particular teacher is dismissive of SEL. Perhaps she is frantically trying to prepare her class for high-stakes standardized tests that will reflect on her annual evaluation. Perhaps she believes that the SEL curriculum reflects white middle-class values that do not apply to her students. Or perhaps she is managing her own depression and is loath to broach the subject of mental health with students. Different underlying issues require different solutions, but all begin with a recognition and validation of the teacher's perspective. For example, a CC who recognizes that a teacher's response to a child's off-task behavior reflects that teacher's own limited ability to tolerate frustration might begin a discussion by acknowledging that she herself felt frustrated by that child. This approach positions the CC as an empathic ally, rather than a judge, of the teacher. Further, by modeling recognition of their own feelings, the CC opens the door for the teacher to do the same, thereby shifting the focus from the child's problematic behavior to the teacher's typical response to the child and possible alternatives. Over time, the teacher may begin to articulate not only their own thoughts and feelings but also those they attribute to their students.

For example, at the start of one school year, Ms. Wallace,[2] a second-grade teacher, asked her CC, Ms. Lopez, to focus her time in the classroom on a student named Alex. Alex continually sought Ms. Wallace's attention and preferred to be with her than with his peers. In response, she chastised him frequently and often ignored his requests for help. Over the first 2 months of school, Ms. Lopez devoted much of her time to helping Alex with his work and listening to his concerns. Ms. Lopez simultaneously observed her own reactions to Alex. He was a demanding child, and Ms. Lopez knew that she could easily be consumed by needy individuals. She wondered if her outpouring of support for Alex was actually enabling a state of continued dependence. She also wondered why Ms. Wallace was so short-tempered and often appeared to get flustered with him, while she was patient with other children. Drawing on the application of attachment theory to work with teachers and children in schools (Geddes, 2006; Kennedy & Kennedy, 2004), Ms. Lopez tentatively hypothesized that Ms. Wallace's own attachment style might be clashing with Alex's overt bids for support and imagined how psychologically taxing facing Alex daily must be for her.

Over time, Ms. Lopez and Ms. Wallace came to admire one another's respective roles in the classroom, their common interest in the well-being of the children, and their honesty with one another. Sometimes, in an effort to find a balanced support system for Alex, they would discuss how each of them worked with him. During one such meeting, Ms. Lopez said, "I have noticed that Alex continues to push your buttons, while I just can't seem to do enough for him! I don't think we've got the right balance yet. He still seems to be stuck." Ms. Wallace smiled and replied, "Yes. I have noticed that the more you give him, the more he wants. That kid is insatiable! He reminds me of my mother. Can't stand that helplessness." Ms. Lopez normalized Ms. Wallace's feelings by saying, "I'm glad you were able to make that connection. We all have different reactions to students based on our early relationships."

Together they wondered about possible explanations for Alex's chronic helplessness, such as undiagnosed learning challenges and difficult circumstances at home. Ms. Wallace noted that Alex's family had moved into his grandmother's small apartment recently, which opened a discussion about Alex's experience of turbulence as well as the state of his new home learning environment. Together, Ms. Lopez and Ms. Wallace began to cocreate effective strategies for supporting Alex by setting firm yet gentle and supportive boundaries. They devised a plan for Alex to check in at specific times with Ms. Lopez and to encourage him to self-regulate between meetings. Ms. Wallace also described her frustration at having lost her temper, and Ms. Lopez suggested some exercises and strategies for emotional self-regulation. Throughout, Ms. Lopez remained nonjudgmental and open-minded. She also revealed her own authentic feelings about Alex, which helped to strengthen her alliance with Ms. Wallace. As the months progressed, Ms. Lopez and Ms. Wallace periodically appraised their progress with Alex and altered their approach accordingly. Over the course of the school year, Alex began to function more independently and successfully in the classroom. Concurrently, Ms. Wallace learned she could trust that Ms. Lopez was going to "stick by her," no matter what. She also

learned that it helped to wonder about the underlying causes of her students' behaviors (i.e., to take a mentalizing stance) rather than focus exclusively on the behaviors themselves.

The process of building trusting relationships with school stakeholders is analogous to the trust that is built in an individual therapeutic relationship. This is particularly important in schools serving high-needs student populations in which the staff feels chronically stressed and under-supported. In working with teachers and leaders in these schools, we assume an empathic stance as we listen to and acknowledge their fears, resentments, and frustrations. As clinicians, we formulate hypotheses about the issues underlying their behaviors and attitudes so that they can be effectively addressed. We validate their concerns and position ourselves as allies with shared goals. This process can de-escalate the teacher's (or principal's) activation, allowing the SBMHC clinician and the teacher (or principal) to ally toward joint problem-solving.

A mentalizing stance is also invaluable when trying to resolve contradictory behaviors within a single stakeholder or conflicting behaviors across stakeholders. For example, one principal we worked with welcomed SBMHC into the school as a much-needed support for the promotion of students' social–emotional competence, while also refusing to make demands on teachers such as adherence to the SEL curriculum or participation in professional development around approaches to discipline. We learned that this principal had been disappointed in the past by external collaborators and viewed herself as the only competent mental health interventionist in the school. This insight guided us toward proving ourselves as reliable partners. In another school, teachers were suspicious of the principal's embrace of SBMHC. We learned that past turnover in school leadership made them reluctant to adopt programs they expected would soon be overturned by a new leader. In both instances, we were able to glean valuable information by assuming a stance of gentle curiosity and openness in talking with school stakeholders. As we learned more about the minds of our stakeholders, our relationships with them deepened, and as our relationships with them deepened, we learned more about their minds. This process facilitated trust and the opportunity to rework unhealthy behaviors within professional roles and relationships.

We acknowledge that the SBMHC model might not be possible or desirable in all situations. But no matter the shape taken by school-based mental health services, a robust schoolwide approach to school violence is likely to set both instructional and systemic goals. We maintain that, analogous to relationally informed psychoanalytic therapy (Altman et al., 2002; Aron, 1996), these goals are most effectively pursued when the foundational relationships between and among stakeholders are respectful, safe, and secure, and in which participants remain curious observers about themselves and their impact upon others. These are relationships in which individuals can self-reflect and self-regulate. These elements allow individuals to truly make connections between feelings and behaviors—and to risk change. Systemwide change is likely to require this sort of shift across a broad spectrum of individuals.

For example, the successful implementation of an SEL program involves more than simply asking teachers to dedicate one instructional period daily or weekly to a new curriculum. The curriculum must be integrated into the very fabric of the classroom and the rest of the school environment by creating opportunities to live prosocial experiences. Prosocial skills are taught in the books children are assigned to read, in the way they interact with their peers on the playground, in the treatment they receive from nonteaching staff, in the power dynamics they observe between teachers and school leaders, and in the language they overhear between parents and teachers. All facets of children's lived experiences in the school environment must be assessed and addressed, and changes in codes of behavior may be requested of all adults in the school. These adults, from lunchroom aides to the principal, are more likely to rise to meet the challenges of these demands when they feel valued, heard, and supported. When a milieu is created in which stakeholders can wonder about their own and others' resistance to the instructional or systemic change, they can engage in tough but respectful and productive discussions.

For example, in one school in which SBMHC has been working for several years, teachers and administration asked the CCs to facilitate a group to share their reactions to Black Lives Matter protests and to think together about how to approach these difficult issues with their students. Key in these conversations was the teachers' honesty, authenticity, and acceptance of one another's perspectives and beliefs. Teachers felt safe to discuss their views, even when their colleagues disagreed. Following this conversation, teachers reported that they could "think more clearly"

about how to discuss these difficult issues with their students and how to plan lessons in a developmentally appropriate way—for 5-year-olds or 12-year-olds.

This process illustrates how the teachers in this school came to feel safe enough to engage in addressing the debilitating issues of racism, discrimination and injustice, for themselves and for their students. This discussion did not materialize overnight. These teachers and administrators had done lots of foundational work, over time, to create a setting in which they could openly and reflectively discuss tough issues while maintaining their composure. This discussion is an example of one school's commitment to creating school safety. The creation of safe schools, those that are truly committed to combatting deliberate or inadvertent discrimination, injustice, and bullying, is a process that deserves focus, creativity, and perseverance. To return to Jonathan's directive, changes will be required on individual, systemic, and instructional levels. We suggest that these changes can only occur when they are built on the foundation of trusting relationships.

ACKNOWLEDGMENTS

This work received funding from private donors and the Teachers College Office of School and Community Partnerships' Zankel Urban Fellowship Program.

ENDNOTES

[1] A closely related construct, reflective functioning, describes the verbal expression of mentalization, typically in the context of a semi-structured interview (Slade, 2005).

[2] Individuals have been de-identified to protect their privacy.

REFERENCES

Altman, N., Briggs, R., Frankel, J., Gensler, D., & Pantone, P. (2002). *Relational child psychotherapy*. Other Press.

Aron, L. (1996). A meeting of minds: Mutuality in psychoanalysis. Relational perspectives book series (Vol. 4). Analytic Press, Inc.

Cohen, J. (2021). School safety and violence: Research and clinical understandings, trends and improvement strategies. *International Journal of Applied Psychoanalytic Studies*, https://doi.org/10.1002/aps.1718

Conway, F., Lyon, S., Silber, M., & Donath, S. (2019). Cultivating Compassion ADHD Project: A mentalization informed psychodynamic psychotherapy approach. *Journal of Infant, Child, and Adolescent Psychotherapy*, *18*(3), 212–222. https://doi.org/10.1080/15289168.2019.1654271

Eppler-Wolff, N., Martin, A., & Homayoonfar, S. (2019). The School-Based Mental Health Collaboration (SBMHC): A multi-level university-school partnership. *Journal of Infant, Child, and Adolescent Psychotherapy*, *18*(1), 13–28. https://doi.org/10.1080/15289168.2019.1573095

Fonagy, P., Gergely, G., Jurist, L. E., & Target, M. (2004). *Affect regulation, mentalization, and the development of the self*. Karnac.

Fonagy, P., & Luyten, P. (2009). A developmental, mentalization-based approach to the understanding and treatment of borderline personality disorder. *Development and Psychopathology*, *21*(4), 1355–1381. https://doi.org/10.1017/s0954579409990198

Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). *Reflective-functioning manual. Version 5*. University College London.

Fonagy, P., Twemlow, S. W., Vernberg, E. M., Nelson, J. M., Dill, E. J., Little, T. D., & Sargent, J. A. (2009). A cluster randomized controlled trial of child-focused psychiatric consultation and a school systems-focused intervention to reduce aggression. *Journal of Child Psychology and Psychiatry*, *50*(5), 607–616. https://doi.org/10.1111/j.1469-7610.2008.02025.x

Fonagy, P., Twemlow, S. W., Vernberg, E. M., Sacco, F. C., & Little, T. D. (2005). Creating a peaceful school learning environment: The impact of an antibullying program on educational attainment in elementary schools. *Medical Science Monitor*, *11*(7), CR317–CR325.

Geddes, H. (2006). *Attachment in the classroom: The links between children's early experience, emotional well-being and performance in school*. Worth Publishing.

Kennedy, J. H., & Kennedy, C. E. (2004). Attachment theory: Implications for school psychology. *Psychology in the Schools*, *41*(2), 247–259. https://doi.org/10.1002/pits.10153

Malberg, N. T. (2015). Activating mentalization in parents: An integrative framework. *Journal of Infant, Child & Adolescent Psychotherapy*, *14*(3), 232–245. https://doi.org/10.1080/15289168.2015.1068002

Sapountzis, I. (2019). Working with difficult children in schools. In M. Charles & J. Bellinson (Eds.), *The importance of play in early childhood education* (pp. 160–172). Routledge. https://doi.org/10.4324/9781315180090-13

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development*, *7*(3), 269–281. https://doi.org/10.1080/14616730500245906

How to cite this article: Eppler-Wolff, N., & Martin, A. (2021). Creating safe schools by building safe relationships. *International Journal of Applied Psychoanalytic Studies*, 1–7. https://doi.org/10.1002/aps.1723